

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2 of Columbia

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

County of Spartanburg
 Township of Woodruff
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4009 Registered No. 93
 (For use of Local Registrar)

File No.—For State Register Only
30270

(2) Full Name of Child Myrtle Louise Lanford .. | If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>(to be entered only in case of Twins or Triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 9, 23</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Grover P. Lanford
 (9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Spartanburg Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Edna Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Spartanburg Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white as white (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) C. N. McCord
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff S.C.

(Given name added from a supplemental report)

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Oct 8, 23 (28) Chas. L. Bouter
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report as soon as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths during the fifth month of pregnancy.